

- DECLARATION AND POWER OF ATTORNEY USA/PCT


**Additional names, addresses and signatures to be attached to Form No. 1000**

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Charleston, West Virginia 25301, USA  
this 14 day of July, 2004

Signature: Sayed R. Seyedmonir  
 Full Name: **Sayed R. Seyedmonir**  
 Residence: **1604 Ravinia Road**  
 City, State, Zip: **Charleston, West Virginia 25314**  
 Country: **United States of America**  
 Citizenship: **United States of America**  
 P. O. Address: **Same as Residence**

At: Charleston, West Virginia 25301, USA  
this 14 day of July, 2004

Signature:   
Full Name: **Hwaii Soo**  
Residence: **116 Eastridge Road**  
City, State, Zip: **Charleston, West Virginia 25314**  
Country: **United States of America**  
Citizenship: **United States of America**  
P. O. Address: **Same as Residence**

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_

At: \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
P. O. Address: \_\_\_\_\_